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SIMPLE APPARATUS FOR FRACTURES OF THE THIGH.

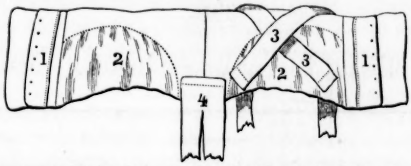
[Shown and described before the Boston Society for Medical Improvement, August 26th, 1861, by B. E. COTTING, M.D., Associate Member of the Society.]

THE difficulty of maintaining permanent extension adequate to prevent shortening of the limb, after a fracture of the thigh-bone, has been recognized by all surgeons. The great source of difficulty is the tendency to excoriation, or sloughing, in parts under pressure of apparatus. The groin or the perinæum and the ankle generally suffer most severely; so much so, that sometimes extension has to be abandoned, early in the treatment, to escape the evils of open sores in these parts. Then again, most kinds of apparatus are complicated or cumbersome, as well as costly, while the common single or Desault's splint is not easily managed well, and is rarely satisfactory. So that a simple contrivance, just the thing to secure the desired result, and at the same time capable of being got up extemporaneously on any sudden emergency, would prove a valuable aid to many a practitioner. The following is offered as an approximation to such a desideratum.

In the first place, a pelvis-band of stout cotton or linen cloth, strongly sewed, should be made to fit closely the pelvis and upper part of the hips. Each individual may possibly require some special measurements, but such are not difficult. As a general rule, the band may be eight or nine inches in width, and long enough to surround the pelvis and overlap a few inches. To fit the prominence of the hips, a semi-oval "bias gusset" may be let in on each side at the lower and back portion of the band, beginning, on the lower border, two or three inches from the posterior median line. The length of this gusset may be about twelve inches at its free edge; and its greatest width six or seven inches. Its fulness may be such as to make the lower edge of the band five or six inches longer than the upper. The shape, proportions and place of the gusset can be better understood by referring to Nos. 2 in the wood-cut on the next page than from verbal description. Two pieces of cloth, Nos. 1, with eyelet holes, metallic if conve-

niently obtained, should be firmly stitched at suitable distances on the front portions of the band. Two strips, or strong tapes, Nos. 3, for securing the long side splint, or a pocket, if preferred, to receive the end of this splint; and a T, or perinæum strap, No. 4, complete the pelvis belt.

The Pelvis Band.



When such a belt has been accurately fitted and properly laced to the pelvis, it will be found sufficient to sustain, without slipping, any amount of "counter extension" requisite. The strain will be uniformly distributed, and no part will be liable to excoriation. Even the perinæum strap, on which most of the strain comes in ordinary apparatus, will hardly be felt by the patient, and may be secured by a single toilet pin. It will be found quite useful, however, in adjusting the belt, and, from time to time, in guiding a bed-pan. A little attention to the lacing, and the perinæum strap, will keep the belt in proper position through even a prolonged treatment of many weeks.

In the second place, to obtain the required extension without injury to the ankle or foot, take a long cotton stocking, the thinner the better, and sew upon each side of the leg a strip of strong cotton cloth, which should hang free for a few inches below the foot, as represented in Figure 5. Cut off the tip of the stocking, that the toes may be exposed. Draw the stocking thus prepared smoothly upon the leg up to the knee, or even above it. Apply a thin roller bandage neatly and with uniform pressure from the foot to the top of the stocking, as seen in Figure 6. The several folds of the

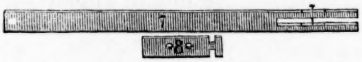
Stocking on the leg, with side straps.

Stocking on leg, showing bandages.

roller may be further secured in their places, if thought necessary, by a few stitches with a fine needle and thread. The bandage thus adjusted will retain the stocking in place for a sufficient time. But should the leg waste from long confinement, it is easy, without removing the first, to apply a second bandage, which will give all

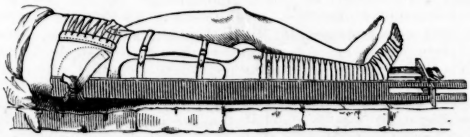
the security desired. Extension being made by the straps below the foot, the whole leg is brought down with the greatest steadiness, and without the slightest danger from undue pressure on any particular portion.

Such a belt and such a stocking we used for many years, in connection with Flagg Desault's, and other apparatus having foot or cross pieces, movable by screws or fitted with tourniquets, and believe that they possess decided advantages over every other contrivance we have seen tried for the purpose. Moreover, the materials are always at hand, and are of speedy and easy application. But the splints alluded to are not always obtainable at the moment—nor are they essential. One simpler, and equally efficacious, can be readily prepared for the occasion. Take a strip of board two or three inches wide and four feet or so long. Make a hole near one end for the pelvis straps. Cut an open mortice in the other end, ten or twelve inches long, and an inch or more wide. Fit a cross piece, nine or ten inches long, perforated by two holes for the introduction of the stocking straps, to slide in this mortice. See Figures 7 and 8. The cross piece may be retained in position by a pin, as seen in the figure.



To reduce the fracture: having adjusted the pelvis band and the stocking, tie the upper portion of the splint to the band by the straps, Nos. 3. Extend the injured limb and fasten the foot to the cross piece, No. 8, by the stocking straps. If any further extension be needed, the cross piece can be drawn down and secured in place by the pin.

The chief difficulty having thus been surmounted, and a sufficient length of limb secured, any further applications that seem requisite can be easily made directly to the injured part. Short splints can be applied, compresses fitted, wounds dressed, suppuration attended to, without difficulty, as by this arrangement the whole thigh is completely exposed and accessible. Pads and pillows can, of course, be arranged to suit the comfort and necessities of the patient, or the inclinations of the attendant. The whole matter is made plainly evident by the subjoined figure.



Let us take a case, a real one. A physician is summoned to a distant patient (no uncommon thing in country practice), and finds, unexpectedly, that he has a fractured thigh to deal with. It is

near nightfall. There is no time to return for apparatus, and he has none with him. By means of the contrivances we have described, he can soon put his patient into a proper and comfortable condition. While the women of the household are preparing, under his direction, the belt and the stocking, he seeks a suitable board, and with a common wood-saw and a pocket knife, if no better tools are at hand, prepares the splint and cross piece. A common nail answers for the pin. With these he soon has his patient, if not as presentable, at least in as artistic and effective accoutrements as if he had the resources of a hospital at his command.

For fracture of the neck of the thigh bone, the belt is often all that is necessary or advisable to apply. In such cases, the belt should be a little wider, and come down more over the hips. Extension of the limb should be made before lacing up the belt, and the perinæum strap should be well padded and securely fastened. Suitable compression on the injured parts may thus be obtained, while the gusset will in a great measure prevent retraction of the limb.

Roxbury, September, 1861.

SILICEOUS CALCULI FROM THE KIDNEY OF AN OX.

[Read before the Boston Society for Medical Improvement, September 9th, 1861, and communicated for the Boston Medical and Surgical Journal.]

By John Bacon, M.D.

In the paper on siliceous urinary calculi, read before this Society on June 10th, I stated that our Cabinet formerly contained a little calculus in which silica was found by Mr. Crossley, several years since. It was one of a collection of four from the kidney of an ox, two about the size of an apple-seed, and two smaller. This one was supposed to be lost. Three similar calculi, labelled with the same number as that analyzed by Mr. Crossley, were found by myself to contain no silica. Their analysis was reported on June 10th, but is not included in my paper. Recently, the collection of four calculi has been found by Dr. Jackson, the Curator of the Cabinet, and placed in my hands. Those formerly analyzed by me were from the kidney of a different ox, as appears from the following note:—

Aug. 26th, 1861.

My Dear Sir,—In your recent examination of the siliceous urinary calculi from the Cabinets of the Society for Medical Improvement and the Medical College, there was a question of identity in regard to one of the Society's specimens, No. 1048, analyzed some years ago, by Mr. R. Crossley, and found to contain silica; the calculi were from an ox, and so also were the calculi that should have been labelled No. 1047. The two specimens resembled each other very considerably, and the one last referred to was by mistake labelled 1048, and handed to you for examination. I now send you the specimen that was actually found by Mr. C. to contain silica; and from his reputation as an analytical chemist, I think that you will confirm his observation. With much regret for the unnecessary trouble I have given you, I remain, Yours very truly,

Dr. Bacon. J. B. S. Jackson.

Having found silica in a little fragment of the calculus which

Mr. Crossley examined, I submitted to analysis a half of one of the smaller ones. It is composed of carbonate of lime chiefly, with a little carbonate of magnesia and traces of phosphate of lime and oxide of iron; some animal matter, and sufficient silica to yield a porous, friable mass, when the other constituents are removed. There was not enough for a quantitative analysis, but I estimate the silica as about one quarter the weight of the calculus. It occurs in the hydrated condition, as in the other calculi analyzed by myself. The two calculi which have been divided exhibit a number of irregular, concentric layers.

MEDICAL PRACTICE IN ITALY.

ROME, JUNE 25th, 1861.

IF Count Cavour's death has become a medical topic, we have to thank the English press for it, which has pronounced a somewhat severe verdict (although a *vere dictum*) against the deceased statesman's physicians. A discussion of that kind is not likely to originate here, where people are wont to accept Fate's last decree at the doctor's hands without much questioning, though he be more than its bearer. The violent epithets so often lavished upon unsuccessful medical performances are rarely used here, and such proverbial jokes as "killing one's patients," and "peopling the cemetery," &c., I have never yet heard from Italian lips. This may, perhaps, be owing to a lack of wit, or to a habit of politeness, although I think that it chiefly arises from a community of views existing between the average Italian doctor and his patients. Both agree upon the necessity of bleeding, not only as an antiphlogistic remedy, but as a hygienic measure, as something good *per se;* and the use of the lancet is as general as a prescription of tamarind-water or castor oil.

Every country has, of course, its errors and superstitions; but nowhere have I met with a greater readiness on the part of the medical man to connive at them and to share them, than in this land of intellectual equality and moral and social fraternity. Both medical and hygienic superstitions flourish here, and it cannot be said that they are sufficiently controlled and checked by those who are competent to do so. Fortunately, bleeding is the only heroic practice too frequently indulged in. In all other respects the Italians are rather on the side of caution and "masterly inactivity." They have a great horror of large doses, and a still greater one of heroic and poisonous drugs. Laudanum is rarely resorted to, and never used as a household remedy. The blue pill, that panacea against all the blues of splenetic England, is not even known by name here, and as to calomel and corrosive sublimate, anything beyond a quasi homœopathic dose would scandalize the pharmacist himself. I once prescribed sublimate in a case of in-

cipient amaurosis, and as the patient, who lived in the country, could not come oftener to town to see me than once a month, I was requested by him to prescribe for a long time. I wrote accordingly, six grains of corrosive sublimate to be dissolved in one ounce of water, and of this solution fifteen drops to be taken twice a day (with a tablespoonful of syrup and gum-water). Each dose, apart from the vehicle, was, therefore, less than one sixth of a grain; but, nevertheless, the pharmacist, who had, of course, not taken the trouble to calculate this, was frightened by the very sight of those six grains at the head of the prescription, and actually refused to make it up. "He had never been called upon to dispense such doses of sublimate." It sounds incredible, but still it is true that this unfortunate prescription was refused at three different shops, until I interfered personally and pointed out the minuteness of the dose.

This is a good trait, after all. It is erring on the safe side, and I will not complain of it. Considering, too, that the Italian pharmacist is under little or no control from the authorities; that his profession is free and open to any ignoramus who may choose to enter it; that there is not even a national Pharmacopœia in existence, and, consequently, no common standard for prime materials and magisterial preparations, one can only congratulate the public on this wholesome dread of overdoses and poisons, which is, perhaps, the result of the very system that throws so little legal, and so much moral responsibility on the pharmacist. Most of the druggists do a thriving business, and yet I am told that even in the most frequented apothecaries' shops the vessels containing calomel and opium sometimes remain untouched for days.

Ammonia, that soother of headaches, that best of stimulants after a sunstroke, is utterly ignored in this sunny land, and only used externally for snake-bites; while tamarind-water, which, in the Tropics, is hospitably offered as a refreshment to a thirsty visitor, is gravely prescribed and discussed here as a therapeutical agent. Some days ago, one of your London contemporaries remarked that of all the continental nations the Italians were most similar to Englishmen. If there be truth in that statement, which I do not deny, it certainly cannot hold good with regard to medicinal and hygienic habits; for in this respect no greater contrast can be imagined than that which exists between England and Italy. Even the Italian cookery, although apparently much more like the English than the French cuisine, is in its principles, at least, the very reverse of English cookery. Under-done meat and well-done vegetables on one side; on the other, over-done meat, in fact meat boiled to rags or into poultice, under-done vegetables and all but raw paste, rice, and other amylaceous food! Now, this is not a case for saying, "All tastes are tastes and equally legitimate," for a love for half-raw maccaroni shows a perversity of instinct, which is condemned alike by nature and science.

Rasori was an Italian; Brown an Englishman. Nor could it have been otherwise. England could never have sworn allegiance to contra-stimulism, while Italy could never have originated Brown's doctrines, and although the time of schools and systems has passed away, the two nations still cling instinctively each to the tenets of its once national faith, so that the self-same disease which in England would probably be treated with beef-tea and those spirituous stimulants so dear to the British heart, might still be attacked, on this side of the Alps, with the lancet and the everlasting tamarind-water.

Italy, and especially Tuscany, can boast of many clever physicians, some of whom are eminent and erudite men, quite *au courant* of the scientific achievements all over the world, and who cannot be accused of lagging behind their age—men who have outgrown systems and schools, and who would never own allegiance to any one of them. Moreover, the Italians, like all Latin races, are notoriously deficient in what phrenological slang calls the "organ of veneration," and are naturally not much disposed to bow to any authority. But it seems that national pride amply makes up for this deficiency, and causes them to do more than justice to those in whom they see contributors to the past or present glories of their country. I have, when at Naples, heard the quaint apophthegms of the Salernitan school most unctuously expounded in the lecture-room, and the students evidently felt the prouder, if not the wiser, for it. And as to Rasori and Tommasini, their doctrines, although apparently ostracised, are still preached under a different garb, and right heartily practised; and, where they are not fully carried out, it is merely a concession made, and that reluctantly, to the ruling spirit of the age. I remember a clinical *matinée* at the Santo Spirito Hospital, in Rome, where a Professor V. took occasion to open his heart on this subject. We were stopping at a certain ward (I have forgotten the name of the protecting Saint) which contained none but tuberculous patients, who occupied about one half of the beds. "I can recollect the time," said the Professor, who was an old man, "when this ward had scarcely two or three inmates at once, and sometimes remained empty for weeks; while now it is often full, and never less than half filled, with consumptive patients. This is a curious fact which can only be explained by therapeutic innovations, there being no reason to suppose that a change of climate or an alteration of other hygienic circumstances sufficient to account for these facts, should have taken place within so short a time. But, he continued, as pneumonia has always been of very frequent occurrence at Rome, it is only rational to assume that the statistics of tuberculosis must, in the long run, be dependent on the mode of treatment habitually used for pulmonary and bronchial inflammations. Now, when I was a young man, and Rasori's principles were still professed by almost every physician, pneumonia was cured with

bleeding, and nothing but bleeding, and the bleeding was repeated until the blood let no longer showed any signs of the phlogistic crust, and it was this that prevented hepatization and formation of tubercles."

It requires no lawyer's wit to use this plea against the pleader, and to come to the opposite conclusion, that the present increase of tuberculous diseases in Italy may be the result of the Sangrado treatment employed by the Rasorianists against the pneumonias of the former generation—not to speak of the increase due to the improved diagnosis by the physical examination of the chest, which must have had some influence on these statistics. The spacious hall of the ground floor was filled with a double row of beds, all occupied by persons affected with some thoracic inflammation! The mortality then was very great indeed, in spite of the repeated bleedings practised on every one of the patients, and as to the survivors, I wonder whether they were indebted to their medical attendants for their escape from tuberculosis.—*Foreign Correspondence of the London Medical Times and Gazette.*

ON DEATH FROM CHLOROFORM.

By W. Marcet, M.D., F.R.S.,
ASSISTANT PHYSICIAN TO THE WESTMINSTER HOSPITAL, LONDON.

The case of death from chloroform, reported by Dr. Dobbie in the *Medical Times and Gazette* for the 29th of June, induces me to offer your readers a few practical observations on this subject.

When chloroform is inhaled, and consequently brought into contact with the air-cells of the lungs, it passes rapidly into the blood, by means of which it is carried to the brain. If the administration of the anæsthetic agent be suspended, the chloroform will be eliminated from the body by the respiration, each inspiration displacing must of the vapor contained in the blood exposed by the lungs to the action of air during that inspiration. The elimination from the blood of any very volatile substance possessed of a stable chemical composition may be considered, as a rule, to take place through the lungs. This might have been anticipated by a consideration of the displacement of the carbonic acid of the blood by the air inspired, and has been placed beyond doubt by a well-known beautiful experiment of Claude Bernard, where an aqueous solution of sulphuretted hydrogen being injected into the blood of a dog, the animal in the course of one or two minutes expires the whole of the poisonous gas. Messrs. Lallemand, Perrin and Duroy have shown experimentally that this law is applicable to chloroform, and consequently there is not the slightest doubt that when blood contains chloroform it is removed therefrom by means of respiration.

If the air inspired be pure, the displacement of chloroform from

the blood in the lungs will be very great; if this air should contain chloroform the displacement will be less, just as when air containing a large proportion of carbonic acid is breathed, the removal of the carbonic acid of the blood is checked. When a patient begins to inhale chloroform, a portion is absorbed by the blood, the remaining is expired; but shortly afterwards, in addition to the expiration of that part of the chloroform which has not been taken up by the blood, a certain quantity of that which has been absorbed is also ejected, being displaced by the air mixed with the chloroform inhaled. At this stage, however, there is still an accumulation of the anæsthetic agent in the blood, more being taken into the circulation than given out; gradually complete insensibility is produced, and the handkerchief is removed from before the face of the patient; he now begins ridding himself rapidly of the chloroform, and recovers consciousness, unless more of the anæsthetic agent be exhibited. By the careful administration of chloroform the state of insensibility may be kept up for a considerable length of time. During this period it is obvious that the accumulation of the vapor in the blood no longer takes place, otherwise it would invariably produce death; there must consequently be an equilibrium between the quantity of chloroform absorbed, and that which is displaced and eliminated by the process of respiration. If, during this stage of insensibility, from any cause whatever, the power of absorption of the blood for chloroform be suddenly increased, or its property of giving it out to the air inspired be diminished, then death will take place from an accumulation of the vapor in the blood. It is difficult to imagine that the power of blood of absorbing the substance under consideration should be suddenly increased; but there is a very simple cause impairing its elimination from the blood, viz., the administration of the chloroform vapor in too concentrated a condition. Just as an excess of carbonic acid in the air prevents or interferes with the elimination of that contained in the blood, so must an excess of chloroform in the air prevent or interfere with the exit of chloroform already existing in the blood; therefore, the blood goes on taking up chloroform, and giving out less than a quantity equal to that absorbed; at the same time the evil may be increased by a few deep inspirations taken unconsciously, although apparently with the view of ejecting the poison, and life is suddenly extinguished.

This view would perhaps partly account for the case of death reported by Dr. Dobbie; in addition to which I might observe, that the patient being a drunkard, we may assume that the action of his lungs was more or less impaired from their being continually engaged with the elimination of alcohol; the delicate membrane of the air-cells was, probably, thickened, which at first acted more or less as an obstacle to the admission of chloroform into

the blood. A statement of the author referred to, appears to support the present assumption; he observes, "for two or three minutes he (the patient) did not come much under the influence of the drug (chloroform), inhaling it, however, readily enough." It was, therefore, apparently some time before the patient could be narcotised, as is the case, if I mistake not, with most drunkards. The exhibition of chloroform being continued, more of it found its way into the blood, while we may surmise that the elimination of the vapor already absorbed was checked from the thickened condition of the pulmonary membrane, which interfered materially with the action of the air inspired along with the chloroform; or in other words, the chloroform passed through the lungs into the blood, while the air was unable to do so with a sufficient degree of readiness to remove an equal quantity of the vapor out of the blood; from this circumstance, there resulted an excessive accumulation of chloroform in the blood.

From the foregoing observations we may conclude:—

1. That chloroform must be administered cautiously, and its effects watched with particular attention, if, although the vapor be freely inhaled, the patient does not become insensible within the usual time.

2. That in every case where chloroform is administered, as soon as the state of insensibility is obtained, the vapor must be exhibited diluted as much as possible with pure air; and air free from the anæsthetic agent ought to be allowed frequently into the lungs to remove the excess of the vapor present in the blood.

3. That during the administration of chloroform great attention should be paid to the state of the respiration, which ought to guide the exhibition of the anæsthetic agent still more than the condition of the pulse. If the inspirations become less deep and respiration appears failing, air free from chloroform ought to be immediately allowed into the lungs, not only because this state of the respiration is an indication of there being an overdose of chloroform in the blood, but also because the diminished respiration is in itself a cause of danger by preventing the blood from ridding itself of the chloroform it contains.

4. That when a patient has sunk under the effects of poisoning by chloroform, the only means of restoring animation is by artificial respiration, adopting such method as is best calculated to introduce as much air as possible into the lungs in order to remove the poison from the blood, at the same time stimulating the action of the heart.

It is due to Messrs. Lallemand, Perrin and Duroy to state that they have already called attention to the importance of looking closely to the respiration during the administration of chloroform; but these gentlemen have overlooked the fact that the presence of an excessive proportion of chloroform in the air inspired must act more or less as an obstacle to the elimination of the vapor which

has already been absorbed—a circumstance which ought to be taken into consideration on every occasion where chloroform is exhibited.—*Med. Times and Gazette.*

Bibliographical Notices.

An Address on the Epizöoty lately prevalent among Swine. By Edwin M. Snow, M.D., of Providence, R. I. *With the Results of Post-mortem Examinations,* by G. L. Collins, M.D., of Providence. Read before the Annual Meeting of the Rhode Island Medical Society, June 19th, 1861.

This is a pleasantly-written treatise on the epizöotic disease which has prevailed with more or less severity in various portions of the country for the last six or eight years, and popularly known as "*hog cholera.*" From *post-mortem* examinations carefully made in nine cases, in five of which the animal died of the disease, the following pathological appearances were noted:—Purpuric spots upon the skin in six cases—upon the serous membranes in two. Ulcerated spots on the feet and legs in four; also in the mouth of four of the six examined. Heart healthy. Lungs hepatized to a greater or less extent in 7; and in 5 on both sides—in all of which cases there were pleuritic adhesions. Stomach and small intestines for the most part healthy. The large intestine was most frequently diseased; being in five ulcerated, and in six somewhat inflamed and softened. Liver generally sound. Kidneys in every case pale and of a yellowish color; and shown by the microscope to be fatty. Bladder healthy. Urine, in the four cases examined, albuminous.

It is the opinion of Dr. Snow, after a careful study of this affection, that it is a disease of the blood, producing a depraved condition of the system, not unlike that of typhus fever. Bearing no exact resemblance to any disease which occurs in the human subject, Dr. S. is inclined to regard it as probably nearly identical with the disease mentioned by Virgil, accompanied by inflammation, ulcerations, purulent deposits, &c., and to which the term "*murrain*" has been applied, and with the *pleuro-pneumonia* of Great Britain and New England.

With regard to the causes, the writer regards them as

1st. An epidemic atmospherical poison.

2d. The local circumstances adapted to receive and propagate the poison existing in the atmosphere, the latter comprising impure air arising from filthy and crowded pens, together with unhealthy food and the want of pure water.

The treatment recommended is the support of the system by stimulants and tonics, pure air and pure cold water, and healthy nourishing food.

This paper of Dr. Snow is opportune, and forms a clear and brief digest of the subject on which it treats.

Transactions of the Medical Society of the State of New York, for the year 1861. Albany: 1861. Pp. 408.

This volume contains many interesting and valuable medical papers. The first, is the annual address by the late President, Dr. Daniel S.

Jones, the announcement of whose death, we regret to see, was simultaneous with its publication. A biographical memoir of Dr. Jones, by Dr. William Taylor, also appears in this volume. It contains also a large number of reports and cases which were presented at the annual meeting, and of which we shall hope, from time to time, to avail ourselves. Among them may be mentioned one on the *Statistics of Suicide in the City of New York*, for the years 1859–60, by Dr. J. G. Adams, of New York; two papers on *Diphtheria*, by Drs. U. Potter of Hallsville, and Ferris Jacobs of Delaware; an interesting case of *Suspected Poisoning*, with the post-mortem examination and chemical analysis, by Dr. J. G. Orton, of Binghamton; *Amputation of the Lower Extremities with reference to Substitutes for the same*, by Dr. Douglas Bly, of Rochester; *Three Cases of Rupture of the Uterus, with Remarks*, by Dr. G. J. Fisher, of Sing Sing; *Memorial relative to the Medical Profession and its legal protection; a Report on Medical Topography and Systematic Drainage*; a case of *Amputation of the Cervix Uteri*, by Dr. J. Marion Sims, of New York; and several other papers—the whole comprising an important addition to our medical literature.

Hints on Insanity. By John Millar, L.R.C.P., Edin., Medical Superintendent of Bethnall House Asylum, London. 16mo. Pp. 105, with an Appendix. London. 1861.

This is an excellent little book. It contains just about as much on the subject of insanity as a general practitioner in his daily walks needs to know. There are often occasions when he is puzzled to appreciate justly the first approaches of mental disorder, or to know precisely what to do if he does detect them. This little volume meets the want in such cases exactly. An appendix gives valuable information with regard to the steps for procuring admission to some of the asylums in Great Britain. We should be glad to see a re-print of it here, and the appendix might be replaced with similar information with regard to our own institutions.

Description of Cases communicated to the Pathological Society of London, during the Session of 1859–60. By Dr. John Ogle, F.R.C.P., Assistant Physician to St. George's Hospital. Pp. 49.

This is an interesting collection of cases, taken, we presume, from the publications of the Pathological Society. Some of them are of great rarity, and all of them of great interest. Among them we find an interesting case of tumor of the brain; several, of aneurism; one, of a large mass within the cavity of the uterus, supposed to be a fibrous tumor, but which proved to be formed by a retained placenta and fœtal membranes; several, of a hoop of calcareous matter encircling the base of the heart; a case of hydatids of the omentum; four cases of spina bifida; and, in conclusion, descriptions of four specimens of skin from patients affected with elephantiasis Arabum. In connection with these it is mentioned, on the authority of Mr. Francis Day, Civil Surgeon at Cochin, in Madras, that

"The coast is a damp low-lying one, and elephantiasis of the limbs (but not of the scrotum) is very common; the number of native Christians in Cochin affected by it being about one in every seventeen and one eleventh, and about one in

every nineteen and three fourths of the Portuguese, males and females being equally affected: in many cases all the limbs are affected at the same time.

"A kind of fever almost invariably occurs, possessing a cold, a hot, and a sweating stage, co-existing with which a bubo is almost always found in the affected limb; and it is subsequent to the fever that the effusion in the leg comes on.

"These effusions appear to be of three varieties:—

"1. Simple œdema; 2. Albuminous effusions; 3. An organizable (fibrinous) one.

"In such cases, amputation in the several years of 1854, 1857 and 1858 has quite removed the disease, no return occurring. In old-standing cases treatment appears unavailing."

Mr. Day himself had no less than fifty-one cases under treatment within six months. The pamphlet is illustrated by a number of excellent wood-cuts.

On the Time and Manner of Closure of the Auriculo-Ventricular Valves. By GEORGE B. HALFORD, M.D., M.R.C.P., Lond., Lecturer on Anatomy at the Grosvenor Place School of Medicine. Pamphlet. London: John Churchill. 1861.

THE purpose of this little brochure is to prove that the contraction of the auricles fully distends the ventricles of the heart, and closes the auriculo-ventricular valves, before the contraction of the ventricles begins.

"When the auricle is about to inject the ventricle, the latter is empty and contracted, with its distal or ventriculo-arterial valves firmly shut down by the pressure of the blood upon their upper surfaces. Immediately the auricle contracts, its contained blood passes into (distending and lengthening) the ventricle; the force which it transmits, not being sufficient to overcome the arterial pressure and weight of blood upon the upper or arterial surface of the semilunar valves, is expended in distending the ventricle and closing the auriculo-ventricular valve, which then forms one of the walls of the ventricle. To this succeeds the ventricular contraction; the auriculo-ventricular valve, being already closed, now becomes tense, the pressure in the ventricle overcomes that in the artery, and the semilunar valves are raised." * * * * * * * *

"The rapidity and power of the ventricular action would be impaired were any of its force expended in a backward direction, had it indeed to close the auriculo-ventricular, previous to opening the semilunar, valves."

The author, in conclusion, says:—

"The chordæ tendineæ by position serve to open out and prop up (as stems of water-plants do their leaves) the flaps of these valves; their firm connection at the circumference with the zona tendinea tends also to their support; moreover, the elasticity producing the upward curl assists in the approximation of their edges; finally, the pressure exerted by the blood from the auricle brings all into play, and their closure is effected."

Army Medical Intelligence.

FROM our army intelligence, it will be seen that the health of our troops is on the whole favorable. The surgeon of the 9th Massachusetts regiment, Dr. Pineo, under date of Sept. 4th, reports that "the health of the regiment is very good. Five or six convalescent cases only remain in the Camp Hospital, and a few in the General Hospital who received gun-shot wounds."

The following extract is from a report of Dr. J. Franklin Dyer, surgeon of the 19th Massachusetts regiment, dated

MERIDIAN HILL, WASHINGTON,
To the Surgeon General, Sept. 5, 1861.

SIR,—* * * * * We arrived in Washington on Friday last, and on Saturday marched to the ground of our present encampment. Our men were generally well on the way; one man had a fit while on the Common in Boston, but recovered in time to proceed with us, and is now well. While leaving the cars in Washington, one man slipped on the track, and the wheels passed over his hand, which, however, was protected by his musket, and the injury to the hand was slight. He is now on duty. We have in Hospital this morning 9; in quarters, 3. Two cases primary syphilis—one of them complicated with gonorrhœa and paraphymosis, now doing well, after dividing the stricture. Two cases bronchitis. We shall be obliged to discharge two or three men who came from the office in Pitts street about the time of our leaving Lynnfield, when no opportunity was afforded for examination by us.

We have some diarrhœa—quite manageable, and on the whole, the health of the regiment is good, much better than that of our neighbors; how long it will continue so, of course I cannot say.

The surgeon of the 14th Massachusetts regiment, Dr. D. Dana, reports as follows:—"We are beginning to have fever and ague, and as the regiment which was in the fort before us, reports 500 cases for the last month, I suppose we shall have plenty of sickness. One man died this week who was in the Hospital only about an hour; he probably died of some organic disease of the heart. We have had a few accidents, but on the whole we are doing well"

In Camp Andrew, Baltimore, under date of Sept. 7th, the surgeon of the 17th regiment, Dr. I. F. Galloupe, reports as follows:—"I have the honor to report that we are encamped on the beautiful and healthful spot called the 'Stewart Place.' We have no prevailing disease, and no serious sickness. We have on the average about ten men in Hospital. Their complaints are mostly caused by sleeping on the cold ground. After much effort I have obtained board floors for the tents; a feat, I believe, no other regiment has performed, although most of them have attempted it. My Hospital is in a house near the camp, and is kept in complete order by the steward. The hospital books are opened, and we are getting into good working order. We are now having water of the best quality brought into the camp (through pipes), from the public water works. I have charge of the Boston artillery, that corps being attached to our regiment.

SOLDIERS' RATIONS.—The following statement has been published by the Commissary General:—

Office Commissary-General Subsistence, Washington, Aug. 19, 1861. —From the numerous letters that have been referred to this office, complaining of the *want of food* and the *bad quality* of that furnished by the Commissariat to the volunteers, I am led to believe that a brief statement of the truth may give satisfaction to the public mind.

Before the action of the last Congress, the ration (used by the army for many years) furnished to the volunteers was as follows:—

Three quarters of a pound of pork or bacon, or 1¼ pound of fresh or salt beef; 18 ounces of bread or flour, or 12 ounces of pilot bread, or 1¼ pound of corn-meal.

To 100 *Rations.*—Eight quarts of beans or peas, or 10 pounds of rice, or 140 ounces of desiccated potatoes, or 88 ounces of desiccated mixed vegetables; 10 pounds of coffee; 15 pounds of sugar; 4 quarts

of vinegar; 1¼ pound of adamantine candles; 4 pounds of soap, and 2 quarts of salt.

This ration has been found, by long experience in the regular army, to be ample.

Congress, by an act of the last session, increased this ration, until it is now as follows:—

Three quarters of a pound of pork or bacon, or 1¼ pound of fresh or salted beef; 22 ounces of bread or flour, or 1 pound of pilot bread.

To 100 Rations.—Eight quarts of beans, 10 pounds of rice or hominy, and 1 pound of potatoes, three times a week, or a substitute therefor; 10 pounds of coffee, 15 pounds of sugar, 4 quarts of vinegar, 1¼ pound of adamantine candles, 4 pounds of soap, and 2 quarts of salt.

Extra issues of molasses are occasionally made.

This ration, if cared for, and properly cooked, is *more than can be eaten;* and this ration *the Government is ready to furnish.*

The method of procuring it for the regiments is simple:—Each Captain of a company makes to his Colonel a return, stating the number of men in his company, and the number of days drawn for, signed by him. These company returns are consolidated by the regimental Quartermaster, and signed by the Colonel. This return is an order on the depot or Brigade Commissary for that quantity of stores; and it is the duty of the Regimental Quartermaster to see that he receives the full amount, and that it is all of good quality.

When the stores reach the regiment, it is the duty of each Captain to see that his company receive their due, as drawn for by him on his return, and that the quality is good.

If the regimental Quartermaster and Captain attend to their duty, the men *must* receive their full allowance as set forth in the ration above, and not an article but of good quality.

The Government has on hand ample supplies of the very best quality, and is desirous of doing full justice to the volunteers. If the volunteers do not receive them, the fault is that of their own officers.

J. P. Taylor, A. C. G. Sub.

Appointments.—Dr. Nathan Hayward has been appointed Surgeon of the 20th Massachusetts Regiment, in place of Dr. Henry Bryant, promoted to be Brigade Surgeon and attached to Gen. Burnside's command. Dr. Edward H. Revere, of Canton, has been appointed Assistant Surgeon in place of Dr. Hayward.

Dr. George Derby, of Boston, has been appointed Surgeon, and Dr. Silas E. Stone, of Walpole, Assistant Surgeon, of the 23d (Col. Wilson's) regiment.

Dr. James Holland, of Westfield, has been detailed to the new regiment of cavalry.

Dr. Oscar DeWolfe, of Chester, has been appointed Assistant Surgeon of the same regiment.

Dr. George A. Otis, of Springfield, has been detailed to the regiment now forming under Col. Horace Lee.

Dr. Francis Leland, of Milford, has been appointed acting Surgeon for the regiment in the western part of the State, Col. Upton, and Dr. J. Marcus Rice, of Worcester, Assistant Surgeon.

Dr. P. O'Connell, Assistant Surgeon of the 9th Mass. Regiment has resigned his commission, and received an honorable discharge. Dr F. M. Lincoln, of Boston, has been appointed to fill the vacancy.

Dr. J. H. Warren, of Neponset, has passed a successful examination for the post of Brigade Surgeon, and will probably receive the appointment.

Dr. F. B. A. Lewis, of Adams, N. Y., has been appointed Assistant Surgeon in the U. S. Navy.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 19, 1861.

INGROWING TOE-NAIL.—TREATMENT BY PERCHLORURE DE FER.—"Surgical operations," some one has said, "are the reproach of surgery." And although this epigrammatic saying, literally interpreted, would do great injustice to a noble art, yet it would be well for humanity if it were possible in some instances to change the reproach which attaches, or should attach among the initiated, to bad science, to a popular stigma upon the surgeon. This, however, is rarely the case, for it is next to impossible for the public rightly to appreciate all the considerations which must enter into the question of justifiableness or the contrary of any given surgical operation. Not that we would for a moment cast a reflection upon the honorable, high-minded, judicious surgeon, who conscientiously feels the great responsibility which he assumes in undertaking a capital operation. It is a responsibility which often raises the operator to the rank of a hero, albeit but a small number can properly estimate his claim to such a distinction. All honor to those, and they are not few, who have been and are willing, in desperate cases, to take on themselves the heavy charge of imperilling the life of the patient for the uncertain chance of removing what threatens it more distantly, or makes its present burden heavy. Nevertheless, few will deny that every discovery which substitutes a comparatively mild and painless remedy for a painful, even if not positively dangerous surgical operation, confers a great blessing on mankind. Thoughts like these have come into our minds from time to time in connection with the seemingly small but exquisitely painful operation of extraction of an ingrowing toe-nail. We know it is regarded as one of the most trifling of operations, but under the circumstances for which it is performed it certainly is to most patients a very formidable one. We have been glad, therefore, to see within a few years various methods of treatment recommended, by which the painful alternative of evulsion may, as we have reason to believe, be successfully avoided. In a recent number of the *Gazette des Hopitaux*, M. Wahu, Principal Physician of the Military Hospital at Nice, reports the successful treatment of this affection in his own person without an operation. He prefaces his account by some reflections on the nature of the operation by extraction. It has always been his theory, he says, and a theory based on personal experience, often repeated, of very severe pain, that every man has within himself the power of endurance to meet any amount of physical suffering which may fall to his lot. Satisfied of his own ability to justify this theory on many trying occasions, he yet confesses that it was not without horror that he contemplated the possibility of the necessity of a resort to this

operation as the only cure for an *ongle encarné* from which he had suffered for a long time. He therefore tried many expedients, hoping to avert the dreaded operation. At last, after an ineffectual trial of alum, and Vienna paste, M. Wahu says:—

"Finally, one day, provoked at being so disabled by a trifle, which, in spite of all my force of will, prevented my walking, I examined again for the twentieth time the seat of the disease, and was struck with the idea that if I could dry up, or even *tan* the diseased surface, so that the ulcer might be converted into a firm surface, capable of resisting the cutting action of the edge of the nail, I might obtain a complete cicatrization, and consequently a cure. Running over in my mind the most energetic tanning substances, I decided on employing the *perchlorure de fer*. I obtained some in a powdered form, and insinuated it as deeply as possible between the free edge of the nail and the ulcer. I felt almost immediately a moderate sensation of pain, accompanied by a feeling of constriction and a strong burning sensation. A quarter of an hour after I attempted to walk, and, to my great satisfaction, I found I could bear my weight on my foot throughout its entire length without the least pain; a thing which I had not done before for many months. The following day, I carefully examined the diseased parts, and found them mummified and as hard as wood. I applied a fresh quantity of perchlorure de fer, which I allowed to remain for a quarter of an hour, but I have reason to believe this application was useless, as the mummification was complete by the first process. I continued to walk without the least thought of my *ongle encarné*, and about three weeks after was able, by means of a pediluvium, to remove the hardened layer of skin, under which I found a tissue of new formation which perfectly resisted the pressure of the edge of the nail. Shortly after the whole had returned to its normal condition, and since more than two years have passed without a return of the disorder."

It may be thought we have taken up a great deal of space for a mere trifle. An ingrowing nail is certainly not so formidable an object to contemplate as many that come under the eye of the surgeon, but it certainly is no trifle. An old nursery rhyme, "For want of a nail the shoe was lost, for want of a shoe the horse was lost," &c., aptly illustrates its importance. This small affection, as it seems, is considered good ground for rejecting a recruit who offers for the army; and certainly in active service its occurrence might be as fatal to the unfortunate possessor as the loss of its iron representative in the doggerel above quoted was to the owner of the horse. If it can be cured so easily, without an operation, it at once becomes an unimportant malady and need not exclude many an otherwise able-bodied man from the service of his country; and should it occur while in service, the detention of several weeks in hospital, after the operation of evulsion, is avoided. There is another consideration of no trifling importance, urged by M. Wahu, namely, that as no one now-a-days would think of doing the operation without using anæsthetics, the danger of employing these agents is averted. In Europe, where chloroform is almost the only anæsthetic used, this is by no means an unimportant consideration, and M. Wahu refers to a fatal case of its employment on the occasion of this very operation. A second case, which occurred in our immediate vicinity, must be fresh in the memory of many of our readers.

We would add, in conclusion, that we see no reason why the solution of the perchloride, in which condition this salt is best known here, may not be as effectual a remedy as the salt in a solid form.

Cause of the Bruit de Diable.—In a paper on Chlorosis by M. Aran, published since his death, in the *Gazette des Hopitaux*, he dis-

cusses the question of the origin of this souffle, about which there has been so much difference of opinion among medical men. He quotes Bouillaud, Beau, Grisolle, Hardy and Béhier as adopting the theory that it is produced in the arteries, while he himself is of the number of those who ascribe it to the veins. In support of this view he adduces the fact of its continuity, and quotes an article of his own, formerly published in the *Archives de Médecine*, as follows:—

"When the continued sound is superficial in the neck, it is sufficient to press lightly on the external jugular vein with the finger on the stethoscope to cause the murmur to cease immediately, and we can thus make it to appear and disappear at will by relaxing or increasing the pressure. When, on the other hand, it is deeper, we have only to press lightly on the internal jugular at the middle of the neck, where it is sufficiently superficial, and immediately the continuous murmur ceases, and we hear only the intermittent sound which must be produced in the carotid. These experiments seem to me to be of a nature to convince the most incredulous that the *bruits de souffle* are produced in the veins."

As an argument in favor of his opinion, M. Aran adduces the recent observations of M. Sappey:—

"In cirrhosis of the liver, as well as in all the affections which have for their result a great obstruction to the hepatic circulation, you will see raised on the surface of the abdomen about the umbilicus, great veins like a Medusa's head, which maintain the connection between the portal and general circulation. If under these circumstances you apply your ear armed with a stethoscope to these vessels, you will hear a most marked *souffle*. I would inquire of my opponents, what are the arteries which the stethoscope, applied in this region, can press upon?"

Polyuria following Diabetes Mellitus. Death by Phthisis.—A patient has recently died in the service of M. Trousseau, affected with polyuria (*diabetes insipidus*), who, in 1856, was affected with diabetes mellitus. During his last sickness the urine was frequently examined, and not a trace of sugar could be found. At the autopsy, an interesting disorganization of the walls of the fourth ventricle of the brain was found, consisting in a general congestion and a fatty degeneration of the nerve cells of the whole of this region. This observation goes to confirm, says the *Gazette des Hopitaux*, the beautiful researches of M. Cl. Bernard on the effects produced by a lesion of the floor of the fourth ventricle.

Treatment of Diabetes.—M. Demeaux, in a memoir presented by M. Velpeau to the French Academy in his name, announces that for many years he has treated diabetes mellitus by the extract of rhatany and burnt alum in equal quantities. Two cases of complete cure by this treatment are related in this memoir, and the author promises hereafter to treat the subject with all the details that its importance demands.

Numerous Cæsarean Operations by one Practitioner.—Dr. Winckel, of Gummersbach, near Cologne, practising among a rural population living in a very wretched hygienic condition, and very subject to osteomalacia, has had occasion during nineteen years to perform the Cæsarean operation, on account of deformed pelvis, *thirteen* times, the deformity arising from osteomalacia in eight, and from rickets in five instances. In four of the cases gastrotomy was required only, as, in consequence of the rupture of the uterus, the children lay in the cavity of the abdomen. This occurred twice in one woman, who had already

once before undergone the operation. Of these three women, two recovered; and, in fact, the issue of the operations must be regarded as favorable, seeing that six of the women lived, one of them having been operated upon three times, and therefore giving a proportion of eight recoveries to five deaths. After the operations, which were performed under chloroform, opium was given, and no inflammatory symptoms ensued.—*Monatsschrift für Geburtskunde*, vol. xvi., p. 401.—*London Medical Times and Gazette.*

Re-Vaccination in the Prussian Army in 1860.—During the year 1860, 69,096 individuals were either vaccinated or re-vaccinated. Of this number, 57,525 exhibited distinct cicatrices from former vaccinations, and 7,420 indistinct cicatrices, while 4,151 showed no marks at all. The vaccination went through its regular course in 44,193, was irregular in 8,266, and was without result in 15,647. These last, vaccinated again, gave 5,577 examples of success and 11,650 failures. During the year there occurred among the soldiers who were successfully re-vaccinated, and others who had been so in former years, six cases of varicella and one of varioloid, but no case of variola was met with. Thus, during the year 1860, of 69,096 re-vaccinations, 49,770 proved successful, i. e., 72 per cent. In the entire army there occurred 44 cases of pock during 1860—viz., 17 varicella, 23 varioloid, and 4 variola. Of these, 3 cases of the varicella, 14 of varioloid, and 3 of variola occurred in persons who had not been re-vaccinated; 8 of varicella, 8 of varioloid, and 1 of variola occurred in those who had been re-vaccinated without effect; and the remaining 7, as stated above, occurred in those who had been re-vaccinated with success. Three of the cases of variola died.—*Preuss. Med. Zeitung*, 1861, No. 13.—*Ibid.*

Phlegmon after Vaccination.—A case was related at the Société de Chirurgie of a healthy child, two years of age, living in the country, whose life was nearly lost through phlegmonous erysipelas following vaccination with healthy virus. A succession of abscesses formed during six weeks in the axillary and subpectoral regions, while the general symptoms much resembled those met with in meningitis. In the Society this was regarded as an example of a complication which may occasionally supervene after the most trifling operations. M. Robert and various other members expressed their opinion that the chances of consecutive inflammatory accidents would be diminished if much larger intervals were left between the punctures than is generally the case. M. Giraldès, agreeing in this precept, still thought that more importance should be attached to the condition of the health of the vaccinated infants, for in the Children's Hospital, the inmates of which manifest great morbid aptitudes, phlegmonous erysipelas is not rare, even after the most carefully-executed vaccinations.—*Gazette Hebdomadaire.*—*Ibid.*

Poisoning by Strychnine applied to the Punctum Lachrymale.—Dr. Schuler relates an interesting case which occurred in Langenbeck's practice. In a case of amaurosis, in a man 50 years of age, about the twelth of a grain (less than five milligrammes) of pure strychnine was introduced by means of an ear-pick into the *punctum lachrymale*; but as during this manipulation a portion of the powder was lost, about three milligrammes only entered the punctum. Three or four minutes had not elapsed when the patient's face became livid, and he was seized with spastic yawnings and vertigo. Free admission of air and cold aspersions were had recourse to, and "lavements" (!) were administered. The symptoms continued to increase, as shown by the loss of speech and pulse, convulsive respiration, and violent tetanic shocks. Death seemed inevitable, when the severity of the symptoms abated, and after a copious evacuation of urine and fæces, all had passed off in less than half an hour. From this fact it is evident that death might be rapidly caused by depositing in the corner of the interior of the eye from 5 to 15 centigrammes of strychnia; and supposing the remaining adherent powder to have been cleaned away, the detection of the cause of death might become a matter of extreme difficulty.—*Gazette Médicale.*—*Ibid.*

Improved Method of supporting the Knapsack. By an Army Surgeon.—We have been shown an ingenious, and at the same time an extremely

simple contrivance for supporting the knapsack and relieving the shoulders and chest. It consists in a *sash* attached to the belt, and pressing by a broad surface against the back. By means of it, the knapsack is supported by the hips and loins, and the weight is distributed over the largest possible surface, and placed in the position most easy and endurable for the soldier. The sash is made so that it can be dropped, and the knapsack is then carried by the shoulders alone as at present. In this manner, the different sets of muscles and the different points of support are alternately relieved. This contrivance is, in our opinion, one of immense advantage to the soldier, and will do a vast deal to lessen the disastrous effects of long marches. It will be of special value in cases where men are obliged to fight with knapsacks on, as it will relieve the shoulders, chest and arms, and take away the temptation and the necessity of throwing their knapsacks away. Each shifting of the load will be worth to the soldier at least half an hour's rest.—*American Med. Times.*

We take pleasure in stating that Samuel D. Crawford, M.D., the heroic surgeon of Fort Sumter, has been appointed a major in the regular army. On the occasion of the bombardment of that fort, he performed the part of a commandant of a portion of the ordnance, and exhibited great bravery. On his arrival in New York, Dr. Crawford became an active and most efficient agent in organizations for supplying needful hospital supplies to meet the apparent emergency: government has but justly rewarded true merit. We understand that Dr. Crawford left the medical staff with much reluctance and regret. He has been ordered to report to Gen. Rosencranz, in Western Virginia.—*I bid.*

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, September 14th, 1861.

DEATHS.

	Males.	*Females*	*Total*
Deaths during the week,	42	52	94
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	50.9	52.6	103.5
Average corrected to increased population,	..	..	115.4
Deaths of persons above 90,	..	..	..

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
16	20	1	1	1	0	4	3	0

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer,	30.144	Highest point of Thermometer,	76.0
Highest point of Barometer,	30.378	Lowest point of Thermometer,	45.0
Lowest point of Barometer,	29.714	General direction of Wind,	W.N.W.
Mean Temperature,	60.5	Am't of Rain (in inches)	1.27

Notice.—We are requested to announce that Vol. XXIII. of the Library of Practical Medicine, published by order of the Mass. Med. Society for the use of its members, has been received at this office for distribution to those entitled to the same. It will be sent by mail on receipt of the postage—13 cents.

Married.—In this city, 10th inst., Dr. Luther Parks, Jr., to Miss Kate Burroughs, daughter of the Rev. Henry Burroughs.—At Westfield, 10th inst., Dr. Anson P. Hooker, of East Cambridge, to Miss Rebecca P. Boise.

Died.—August 9th, of dysentery, on board of the Flag Ship Colorado, off Fort Pickens, Charles H. Covell, M.D., late Resident Physician at Bellevue Hospital.

Deaths in Boston for the week ending Saturday noon, September 14th, 94. Males, 42—Females, 52.—Accident, 2—inflammation of the bowels, 1—congestion of the brain, 2—inflammation of the brain, 1—cancer, 2—cholera infantum, 20—consumption, 16—convulsions, 4—croup, 1—debility, 1—diarrhœa, 4—dropsy, 1—dropsy of the brain, 5—dysentery, 4—erysipelas, 1—scarlet fever, 1—typhoid fever, 3—hæmoptysis, 1—infantile disease, 4—intemperance, 1—disease of the kidneys, 2—disease of the liver, 2—inflammation of the lungs, 1—marasmus, 1—prostatitis, 1—scalded, 2—scrofula, 1—spina bifida, 1—suicide, 1—syphilis, 2—unknown, 3—whooping cough, 2.

Under 5 years of age, 53—between 5 and 20 years, 9—between 20 and 40 years, 14—between 40 and 60 years, 6—above 60 years, 12. Born in the United States, 74—Ireland, 19—other places, 1.